

Smart Choices, Better Chances

Volunteer Instructor Training Application

Please print, type, or write legibly.

Mr. Ms. Mrs.

Name: _____
(First) (Middle Initial) (Last)

Home Address: _____
(Mailing Address) (City) (State) (Zip) (County)

Home Phone: () _____ SS#: _____ Birthdate: _____ Race (Optional): _____

Employer: _____

Employer's Address: _____
(Mailing Address) (City) (State) (Zip) (County)

Work Phone:() _____ Fax:() _____ E-Mail Address: _____

Job Title/Position: _____ Name of Supervisor: _____

Employment Record

Please provide all prior work experience, including military service, beginning with your most recent employment.. Cover at least your last three jobs and at least the last ten years if possible. If you wish to include a resume instead of completing this section, make sure all of the requested information is included.

Current or most recent employer:

Name and address of employer:	Briefly describe duties and responsibilities:
_____	_____
_____	_____
_____	_____
Phone #: _____	_____
Supervisor's Name: _____	Job Title: _____
Employment Dates: _____	from: (mo/yr) _____ to: (mo/yr) _____

Name and address of employer:	Briefly describe duties and responsibilities:
_____	_____
_____	_____
_____	_____
Phone #: _____	_____
Supervisor's Name: _____	Job Title: _____
Employment Dates: _____	from: (mo/yr) _____ to: (mo/yr) _____

Name and address of employer: _____ _____ _____ Phone #: _____ Supervisor's Name: _____	Briefly describe duties and responsibilities: _____ _____ _____ Job Title: _____ Employment Dates: from: (mo/yr) _____ to: (mo/yr) _____
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May we contact these employers? ____yes ____no

Please list any other job skills, activities, or talents that you feel would be beneficial to this volunteer position.

Are you a member of any professional, civic, or volunteer groups that are involved with working with children? Yes or No
If yes, please list.

Education

<u>LEVEL</u>	<u>NAME/CITY</u>	<u>MAJOR FIELD</u>	<u>GRADUATE?</u>	<u>DEGREE/ CERTIFICATE</u>
High School				
College				
Other (s)				

Self-Assessment

What do you think your best attributes would be as a classroom adjunct instructor?

What areas would you hope that this training would cover that could make you more confident as a speaker?

Cont. of Self-Assessment

List any speech/presentation experience you have had in the past, especially any dealing with young people.

What would be your ideal age group or grade of students to work with? (circle) 4th 5th 6th Jr. High Sr. High

What other information might enable us to make an accurate assessment of your qualifications to be a volunteer "Smart Choices, Better Chances," instructor?

Availability Commitment

Do you have a valid means of transportation? Yes or No

Do you have any obligations that would prevent you from presenting programs outside of your county? Yes or No
If yes, please explain.

Please list the counties where you would be available to make presentations?

What days of the week are you available to make presentations? (circle) M T W Th F

If needed, could you volunteer to make presentations on weekends? Yes or No

Would participating in this volunteer program conflict with your current employment? Yes or No
If yes, please explain.

References

Name	Address	Phone #	Relationship
1.			
2.			
3.			

Please read the completed application over carefully for accuracy before signing below. I understand that any inaccurate or misleading information may cause rejection of this application.

Signature: _____ Date: _____

Please print and fax or mail to:

Attorney General's Office

Outreach Division

323 Center Street

Suite 200

Little Rock, AR 72201

Fax: 501-682-6704



Smart Choices, Better Chances

Volunteer Instructor Training Application

Office of the Attorney General

Mark Pryor

200 Tower Building - - 323 Center Street

Little Rock, Arkansas 72201

(501) 682-1323 or 1-800-448-3014

fax: (501) 682-5313